

2011 O-ZONE BASKETBALL ACADEMY

**Come Join Us For Our
5 Year Anniversary!**

WWW.OZONEBASKETBALL.COM

**JUNE 27TH – JUNE 30TH, 2011: For Players Entering Grades 2-9
Basketball Clinic for Girls**

EARLY BIRD RATE (\$125.00) PER PLAYER If You Register On or Before JUNE 11th, 2011

WHO: Girls Entering Grades 2-9 <i>Open to Girls from Any Town</i> Limited Spaces	WHEN: June 27 th – June 30 th , 2011 (Monday-Thursday) 9:00a.m. – 3:00p.m. Players Must Bring Packed Lunch
WHERE: Bridgewater-Raynham HS	QUESTIONS: Nicole Orlando 339.364.0849 Nickie.Orlando@gmail.com
TUITION: EARLY BIRD RATE \$125.00 Per Player if application & full payment is received on or before JUNE 11th, 2011 \$140.00 per player- After JUNE 11th	\$200.00 Max per Household

O-ZONE PHILOSOPHY

To teach girls the fundamentals of basketball in a fun atmosphere, instilling the importance of teamwork and self-confidence. We always teach the **FUND**amentals of the game!

LEARN FUNDAMENTALS

Players receive individual attention and instruction. Throughout the week, players will learn various skills and techniques, allowing them to build a solid foundation of basketball fundamentals. We will teach in a fun, positive and upbeat environment for the players to learn in!

DIRECTOR

Nicole Orlando is the director of the O-Zone Basketball Academy and the girl's varsity coach at Bridgewater-Raynham HS. The O-Zone staff is comprised of outstanding coaches and players from the varsity high school and college ranks.

The O-Zone Basketball Academy is not affiliated with the B-R school district or the Bridgewater Recreational Department

2011 O-Zone Basketball Academy Application * June 27th – June 30th For Girls Entering Grades 2-9

PLEASE SUBMIT AN UP-TO-DATE PHYSICAL AND IMMUNIZATION RECORD WITH THIS REGISTRATION

⇒ Mail Application & Payment To: Nicole Orlando * 71 BLUE HILL DRIVE * WESTWOOD, MA * 02090

⇒ Checks Made Payable To: O-ZONE BASKETBALL ACADEMY

Player Name: _____ Grade Entering Next Fall: _____ Age: _____ Height: _____

Tee-Shirt Size (Circle Size): (Adult) S M L XL

Address: _____ Town: _____ Zip: _____

Parent Name: _____ Email: _____

Phone (Home): _____ Phone (Work): _____ Phone (Cell): _____

Insurance Company Name: _____ **Medical Concerns/Allergies** _____

Name of Child's Physician & Phone Number: _____

Interested in Early Bird Individual Instruction?	For Girls Entering Grades 5-9 ONLY	LIMITED SPACES
Check Box(s) If Interested in Attending	Advanced Skill Sessions	See Website For More Details
<input type="checkbox"/> Tuesday Morning (8:15-9:00am)	Post Player Workshop or Agility Training	FREE
<input type="checkbox"/> Wednesday Morning (8:15-9:00am)	Guard Player Workshop	FREE

I/We _____, parent/guardian of _____, a minor, do hereby consent to her participation in the O-Zone Basketball Academy and do forever release, acquit, discharge and covenant to hold harmless the O-zone Basketball Academy and its successors, employees, agents, servants and officers from any and all actions, causes of action, and claims, demands, damages, costs, on account of, or in any way growing out of, directly or indirectly, all known and unknowns personal injuries or property damages which I/we may have now or hereafter have as the parent/guardian of said minor and also all claims or right of actions for damages which said minor has or hereafter may acquire, either before or after reaching majority resulting from her/his participation of the O-Zone basketball Academy Programs and/or receiving medical attention as provided herein; furthermore, I/we hereby agree to indemnify, reimburse or make good to the O-Zone Academy or its successors, employees, agents, servants and officers any loss or damage or costs, including attorney's fee, the O-Zone Academy or its representatives may incur if any litigation arises from said minor's intentional, grossly negligent, or reckless acts or omissions while participating in said recreation programs. I/we understand that this program involves physical activity and hereby state that to my/our knowledge such minor is in proper physical condition for participation in such program. I/we also agree to provide such minor with all the proper and required equipment to participate in such programs. In the event of an emergency requiring medical attention, beyond first aid, I/we hereby grant permission to a physician or hospital personnel designated by the O-zone Basketball Academy to attend to such a minor. I have fully read and understand the terms of this release and waiver.

Parent/Guardian Signature: _____ Date: _____